Marine Resources ELVER Dealer & Supplemental 2016

Please provide all information requested. Delays may result from incomplete applications.

Part A: Applicant Information

Business Name: _____

Fed Employer ID#:_____

If a corporate entity, please fill out the primary ownership in Part E on the back of this Application

Mailing Address of Business:_____

City: _____ State: ___ Zip Code: _____

*Elver Dealer's license authorizes the licensed activities at only **ONE** permanent facility.*

*Permanent Facility Address_____

City: _____ State: ___ Zip Code: _____

Landline: (____) ____ - _____ Cell Phone: (____) ____-_____

E-mail: _____

Contact Person: _____

Part B: License Fees
THE LICENSES BELOW
MUST BE PURCHASED PRIOR TO FEBRUARY 1ST, 2016

LICENSE FEES ARE NOT REFUNDABLE.

	Renew	New	Fees
Elver [M]	☐	☐	$1213
Elver Supplemental [EM]	☐	☐	$ 63

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1. Do you buy, or intend to buy, from harvesters (fishermen)? [M]

Yes☐   No☐

If yes, your license will reflect a <u>primary buyer permit</u>, allowing you to buy directly from harvesters. Reporting required.

Elver Supplemental information is required under Part C.

Notes:
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E – Submit separate applications for each additional supplemental license. An additional supplemental license is required for each additional place of business and/or vehicle being licensed. **A supplemental license must be obtained for each vehicle and permanent facility. There is no mobile buying from a vehicle.**

M – Mandatory reporting with primary buyer permit. First time applicants must contact DMR Landings Program at (207) 633-9500 for reporting requirements.

*Permanent Facility means a permanent building that is owned or legally leased by the license holder and is not a dwelling, and is located in Maine.

Any "New" permanent facility locations that are listed, must be inspected and approved by Marine Patrol before issuance of license.

Part C: Supplemental Information

Please complete if licensing a vehicle:

Is this vehicle owned____leased_____rented_____?

If leased or rented send a copy of the lease or rental agreement.

Registration # _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

Please complete if licensing additional supplemental facilities: (If different from mailing address)

Street_____

Town_____

CANNOT OBTAIN ADDITIONAL LICENSES OR SUPPLEMENTALS AFTER FEBRUARY 1ST.

Part D: Certification

I hereby declare that the foregoing information is true and correct. **Making any false statement on this license application is punishable under Title 17-A MRS section 453.**

Signature_____Date__/___/___

(Owner or an Authorized Official of the Firm)   (Month/Day/Year)

Please Print Name_____

Under Title 12, §6306, (1)(2) and (3), a person licensed by the Department of Marine Resources has a duty to submit to inspection, search and seizure by a Marine Patrol Officer. Failure to comply with this duty may result in a license suspension.

§6306. Consent to inspection

1. Consent to inspection. Any person who signs an application for a license or aquaculture lease or receives a license or aquaculture lease under this Part has a duty to submit to inspection and search for violations related to the licensed activities by a marine patrol officer under the following conditions.

    A. Watercraft or vehicles and the equipment located on watercraft or vehicles used primarily in a trade or business requiring a license or aquaculture lease under this Part may be searched or inspected at any time.

    B. Any other location where activities subject to this Part are conducted may be inspected or searched during the hours when those activities occur.

    C. A location specified in paragraph B may be inspected at any time if a marine patrol officer has a reasonable suspicion of a violation of this Part.

    D. No residential dwelling may be searched without a search warrant unless otherwise allowed by law.

2. Seizure of evidence. Any person who signs an application for a license or aquaculture lease or receives a license or aquaculture lease under this Part has a duty to permit seizure of evidence of a violation of marine resources laws found during an inspection or search.

 3. Refusal. Refusal to permit inspection or seizure is a basis for suspension of any or all licenses under this chapter or revocation of aquaculture leases.

Part E: __Primary owner information required__.

For Corporations with six or fewer shareholders, please fill out the highest percentage. Please print legibly.

Last Name_____ First Name_____ DOB_____ SS#_____ %_____

Last Name_____ First Name_____ DOB_____ SS#_____ %_____

Last Name_____ First Name_____ DOB_____ SS#_____ %_____

Last Name_____ First Name_____ DOB_____ SS#_____ %_____

Last Name_____ First Name_____ DOB_____ SS#_____ %_____

Last Name_____ First Name_____ DOB_____ SS#_____ %_____

For Corporations with greater than six shareholders, please identify Agent's name that is listed on your corporation documents.

Last Name_____ First Name_____ , Address_____
City_____ , State_____ , Phone #_____

INSTRUCTIONS:

Complete the information in **Part A** on the front of this form. Check license(s) requested in **Part B** and calculate the total fees. Fill out all applicable information in Part C. Read the **residency requirements** included on this document if applying for Marine Worm Dealer license. **Certify your application with your signature in Part D.** Enclose this document in an envelope along with a check or money order payable to **Treasurer, State of Maine** or fill out the section below for credit card payments, affix a stamp and put it in the mail. **We cannot accept applications by fax or phone.** If you have questions, call (207) 624-6550.

Mail to:
Licensing Division
Department of Marine Resources
21 State House Station
Augusta, ME 04333

Mail to: Licensing Division, Department of Marine Resources, 21 State House Station,   Augusta, ME 04333
Credit Card - Check or Savings   Payments: I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my VISA ☐   MasterCard ☐   Discover ☐   **or checking /savings account the amount of what is being applied for on this application.**

First Name_____ Last Name_____
MUST BE AS IT APPEARS ON CARD – PLEASE PRINT LEGIBLY AS THIS MAY AFFECT PROCESSING OF APPLICATION

Card No. _____, CVV#_____ expiration date _____

Checking or Savings:
Name on Account_____

Bank Routing Number_____ *First 9 digits on your check*

Checking or Savings Account Number_____

Check Number, if using checking acct_____

Your credit card and/or savings and checking accounts will be charged for what you have applied for on this application.